

UNITED STATES DISTRICT COURT
For the District of Delaware

United States Surety Company

V.

SUMMONS IN A CIVIL CASE

M. Miller Trucking et al.

CASE NUMBER : 05-675 GMS

TO: GOODINS CENTRAL DISPATCH
Greg Goodin
Registered Agent
887 N. Gardiner
Scottsburg, Indiana 47170

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY:

Donald R. Kinsley, Esq.
Marks, O'Neill, O'Brien & Courtney, P.C.
913 N. Market Street, Suite 800
Wilmington, DE 19801

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

PETER T. DALLEO

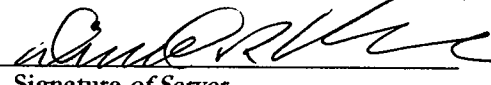
CLERK

DEC 16 2005

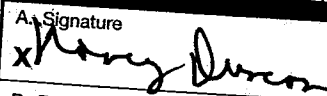
DATE

Ben Rana

(By) DEPUTY CLERK

RETURN OF SERVICE		
Service of the Summons and complaint was made by me(1)	DATE <u>12/20/05</u>	
NAME OF SERVER (PRINT) <u>Donald R. Kinsley</u>	TITLE <u>Attorney</u>	
Check one box below to indicate appropriate method of service		
<input type="checkbox"/> Served personally upon the defendant. Place where served:		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left:		
<input type="checkbox"/> <u>Returned unexecuted:</u>		
<u>Other (specify):</u> <u>Certified mail return receipt requested</u>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct..</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <p>Executed on <u>1/3/06</u></p> <p style="text-align: center;">Date</p> </div> <div style="width: 50%;"> <p style="text-align: center;"></p> <p style="text-align: center;">Signature of Server</p> <p><u>Mark D'O'Neill O'Brien Goodnes</u></p> <p><u>913 W. Myrtle St Suite 800</u></p> <p><u>Wilmington DE 19801</u></p> <p style="text-align: center;">Address of Server</p> </div> </div>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Greg Goodin Registered Agent 887 N. Gardiner Scottsburg, Indiana 47170</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 12-26-5</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7002 2410 0004 2240 0475</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, August 2001</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Y</p>	

Domestic Return Receipt 10259

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To Goodins Central
Dispatch
R/A Greg Goodin

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0004 2240 0475

Postmark Here